U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only	
E	CLAS DRUK	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3(0 3	2. Fiscal Year Covered From:				
	7 / 7 / 2004 Through: 23 / 31 / 2009				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name KENNETH MOCARSKI	Name CHILAGO RECIONAL COURTLOF CORPENTER				
··-	Labor Organization File Number				
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 2625 w. 100 TH PL	Street J3 E. ERIE STREET				
City BRIDGEVIEW	City EHICAGO				
State IL ZIP Code + 4 60 /55	State ZIP Code + 4				
5. Position in labor organization. BUSINESS REP. LOCAL 54					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of					
monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.					
Name and address of Employer (including trade name, if any).					
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
Street	7.D. Pariounic				
City					
State ZIP Code + 4	California de la seguira de seguira de la compansa de la cale de l				
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Gennith Threasel.	On 7-11-05 7-8-598-4354				

Name of Person Filing FUNETH MOCARSKI	File Number U	03			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name WHITFIELD & MCGANN	a. Labor Organization b. Trust c. Employer				
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any SUITE 1601 Street TWO NORTH LASALLE					
City CHICAGO					
State 71. ZIP Code + 4 6662					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	RECEIVED HAM DURING- HOLIDAY SEASON 12/04	THE			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.	311/50			
City City City City City City City City	12.a. Nature of interest held or income received	I.			
State ZIP Code + 4					
	12.b. Amount.	Company of the Compan			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).					
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. ts the Business an Employer or Consultant ?	14.b. Amount of payment.	A seminary management of a monthly and a mon			

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date